

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.
09/9 25796

FILING DATE
8/9/01

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
2		/				
3						
4						
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49						
50						
TOTAL IND.	2					
TOTAL DEP.	53					
TOTAL CLAIMS	57					

	IND.		DEP.		IND.		DEP.		IND.		DEP.	
51												
52												
53												
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98				/								
99				/								
100				/								
TOTAL IND.												
TOTAL DEP.												
TOTAL CLAIMS												